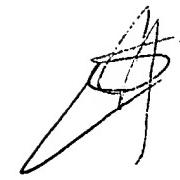


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

01-09-04

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23892 7590 11/19/2003

DAVID S ALAVI
3762 WEST 11TH AVENUE
#408
EUGENE, OR 97402



Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

David S Alavi	Reg. No. 40310	(Depositor's name)
<i>DS Alavi</i>		(Signatures)
01/05/2004		
(Date)		

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/812,480	03/19/2001	Anthony H. Gonzalez	GONZ01	1630

TITLE OF INVENTION: METHOD AND APPARATUS FOR TREATING METAL-WORKING FLUID

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	02/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CINTINS, IVARS C	1724	210-668000

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *David S. Alavi*

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)	(Date)
<i>DS Alavi</i>	01/05/2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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01/12/2004 SDIRETAE 00000008 09812480

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 665)

Complete if Known

Application Number	09/812,480
Filing Date	03/19/2001
First Named Inventor	Gonzalez
Examiner Name	Ivars C. Cintins
Art Unit	1724
Attorney Docket No.	GONZ01

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number	[Redacted]
Deposit Account Name	[Redacted]

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	[Redacted]
1002 340	2002 170	Design filing fee	[Redacted]
1003 530	2003 265	Plant filing fee	[Redacted]
1004 770	2004 385	Reissue filing fee	[Redacted]
1005 160	2005 80	Provisional filing fee	[Redacted]
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** = [Redacted]	X [Redacted] = [Redacted]	
			-3** = [Redacted]	X [Redacted] = [Redacted]	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

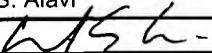
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	[Redacted]
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	[Redacted]
1053 130	1053 130	Non-English specification	[Redacted]
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	[Redacted]
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	[Redacted]
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	[Redacted]
1251 110	2251 55	Extension for reply within first month	[Redacted]
1252 420	2252 210	Extension for reply within second month	[Redacted]
1253 950	2253 475	Extension for reply within third month	[Redacted]
1254 1,480	2254 740	Extension for reply within fourth month	[Redacted]
1255 2,010	2255 1,005	Extension for reply within fifth month	[Redacted]
1401 330	2401 165	Notice of Appeal	[Redacted]
1402 330	2402 165	Filing a brief in support of an appeal	[Redacted]
1403 290	2403 145	Request for oral hearing	[Redacted]
1451 1,510	1451 1,510	Petition to institute a public use proceeding	[Redacted]
1452 110	2452 55	Petition to revive - unavoidable	[Redacted]
1453 1,330	2453 665	Petition to revive - unintentional	[Redacted]
1501 1,330	2501 665	Utility issue fee (or reissue)	665
1502 480	2502 240	Design issue fee	[Redacted]
1503 640	2503 320	Plant issue fee	[Redacted]
1460 130	1460 130	Petitions to the Commissioner	[Redacted]
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	[Redacted]
1806 180	1806 180	Submission of Information Disclosure Stmt	[Redacted]
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	[Redacted]
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	[Redacted]
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	[Redacted]
1801 770	2801 385	Request for Continued Examination (RCE)	[Redacted]
1802 900	1802 900	Request for expedited examination of a design application	[Redacted]
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 665)

SUBMITTED BY

(Complete (if applicable))

Name (Print/Type)	David S. Alavi	Registration No. (Attorney/Agent)	40310	Telephone	541-686-9462
Signature				Date	01/05/2004

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